

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101590463

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

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CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL  
IND.

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TOTAL  
DEP.

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TOTAL  
CLAIMS